

Coversheet for Traffic Safety Proposals

Federal Fiscal Year 2000 - 01

OTS USE ONLY

PROP NO. _____

Agency Code: _____

EA: _____

Fund: _____

Coordinator: _____

Region: _____

DATE: _____ **COUNTY:** _____

AGENCY: _____

PROPOSAL TITLE: _____

PROPOSAL SUMMARY:

(Summarize project goals and objectives)

(List major items of expense)
e.g., personnel and equipment, etc.

AGENCY CONTACT:

Name: _____

Title: _____

Mailing Address:

Phone No. () _____ **Ext:** _____

FAX: () _____

E-MAIL: _____

FUNDING REQUESTED:

F.Y. _____ **\$** _____

F.Y. _____ **\$** _____

F.Y. _____ **\$** _____

TOTAL: **\$** _____